

APPLICATION FOR ANNUAL LICENSE RENEWAL KENTUCKY STATE BOARD OF CHIROPRACTIC EXAMINERS

Important Notice:

Completion of this application form is necessary for consideration for license renewal under KRS 312 of the Kentucky Revised Statutes. ***All licensees have an obligation to update and supplement the information and responses on file with the Board of-fice if they change.*** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action.

Carefully follow the directions on this application form. In addition, note the following:

1. Print legibly with black or blue ink only.
2. The renewal fee, or any part thereof, is **NOT** refundable.

Supporting Documentation and Fees:

If you are applying for license renewal as an **actively** practicing Kentucky Licensed Chiropractor you **MUST** submit the following documents and fees:

☐ **ACTIVE LICENSE**

- \$200 Renewal Fee
- Certificate of 12 hours of Continuing Education
 - ☐ Enclosed
 - ☐ Has been forwarded

If you are applying for an **INACTIVE** status license renewal you **MUST** submit the following fee:

☐ **INACTIVE LICENSE**

- \$60 Inactive License Renewal Fee

If you are applying for a **HARDSHIP** license renewal, please provide an affidavit or letter from your doctor outlining your medical hardship.

☐ **HARDSHIP LICENSE**

Your application is **NOT** considered complete until **ALL** supporting documents and fees have been received by the Kentucky Board of Chiropractic Examiners. **INCOMPLETE RENEWAL APPLICATIONS WILL BE RETURNED TO THE LICENSEE.**

NO RENEWAL WILL BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS RECEIVED

**THERE WILL BE A \$300 LATE FEE ASSESSED TO ANY LICENSE NOT RENEWED PRIOR TO MARCH 1.
ABSOLUTELY NO EXCEPTIONS!**

[

]

L

]

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the Kentucky Board of Chiropractic Examiners, in writing, of any address changes after you file this application in order to receive any further information.

1. Last Name	2. First Name	3. MI	4. Suffix (JR.)
5. Business Mailing Address including zip code (If PO Box, Must provide street address as well)			
6. Home Mailing Address including zip code			
7. Identify Preferred mailing address for Official Board Use. <input type="checkbox"/> Business <input type="checkbox"/> Home Note: The preferred mailing address shall be available to the public.			
8. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.			
9. County in which you Practice:	10. Date of Birth MM/DD/YYYY	11. <input type="checkbox"/> Male <input type="checkbox"/> Female	
12. Contact Information (a) Telephone Numbers: Office: Home: Cell: (b) Fax number: (c) E-mail address:			
13. Social Security Number:			
14. Name of Chiropractic facility at which you practice (if operating under assumed name):			
15. Name of Owner of Chiropractic facility at which you practice (if operating under assumed name):			
16. <u>Please attach a list of all shareholders if your facility is owned by a Corporation</u> <u>(Include Name, Address, Occupation and percentage of ownership of each shareholder)</u>			
17. If your facility employs a Management Company, please provide name and address of management company			

PART II: Education Information

1. SPECIALIZED CERTIFICATION Have you completed any specialty certification(s) consisting of 300 or more hours? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Name of Specialty Certification and Certifying Agency _____ _____

PART III. Work History/Practical Experience

This Section Must Be Completed by ALL NEW LICENSEES, and All Licensees Who Have Changed Work Locations Since the Last License Renewal Application.

Complete each of the following items. List all CHIROPRACTIC RELATED employment, **NOT PREVIOUSLY REPORTED TO THE BOARD**, chronologically for the past five (5) years to the present, beginning with your present employment. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

Explain any breaks in employment history of greater than 6 months.

1. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked per Week:		
FROM: ___ ___ / ___ ___	Type of Employment:	Reason for employment termination/resignation?	
TO: ___ ___ / ___ ___	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
2. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked per Week:		
FROM: ___ ___ / ___ ___	Type of Employment:	Reason for employment termination/resignation?	
TO: ___ ___ / ___ ___	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
3. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked per Week:		
FROM: ___ ___ / ___ ___	Type of Employment:	Reason for employment termination/resignation?	
TO: ___ ___ / ___ ___	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
4. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:			
Date of Employment:	Hours Worked per Week:		
FROM: ___ ___ / ___ ___	Type of Employment:	Reason for employment termination/resignation?	
TO: ___ ___ / ___ ___	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

PART IV. Personal History Information

Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. *All "Yes" answers **MUST** be explained in detail in a separate SIGNED and NOTARIZED affidavit.* The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

You are only required to provide affidavits on any NEW information that was not reported to the Board in your last renewal application.

1. Have you ever had any application for a chiropractic license refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for a chiropractic license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever voluntarily surrendered your chiropractic license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you ever allowed your chiropractic license to lapse, or had a limited license issued by any chiropractic licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you ever had any chiropractic license revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever been the subject of disciplinary action with regard to your chiropractic license or been sanctioned by any chiropractic licensing authority <u>other than Kentucky</u> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Have your chiropractic privileges ever been restricted or terminated by any chiropractic licensing authority <u>other than Kentucky</u> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. To your knowledge have any unresolved or pending complaints ever been filed against you with any chiropractic licensing agency <u>other than Kentucky</u> ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Is there any disciplinary action pending against you by any licensing jurisdiction <u>other than Kentucky</u> ? If YES, where and when?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Have you ever been pardoned from a felony (or criminal) conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of any violation of any local, state or federal law, whether or not sentence was imposed or suspended? (Excluding minor traffic violations)	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of chiropractic?	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Have you been named as a defendant to a civil suit related to your profession (i.e. malpractice) NOT PREVIOUSLY REPORTED TO THE BOARD ? If YES, please provide Patient Name, Date, etc.	YES <input type="checkbox"/> NO <input type="checkbox"/>
16. Do you operate your chiropractic practice under a general or limited partnership? If "yes," how long has the partnership been in existence? _____ If not previously reported to the Board, <u>list all the partners on additional sheet</u> , including name, address, occupation of each partner.	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. Do you work for a corporate practice? If YES, and not previously reported to the Board, list all shareholders on attached sheet. REFER TO PAGE 2, QUESTION 16.	YES <input type="checkbox"/> NO <input type="checkbox"/>

18. If you answered "YES" to question 17, are all shareholders chiropractors?	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. Have you ever been court-martialed or discharged other than honorably from the armed service?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. Are you now, or have you ever, been in arrears with the Kentucky Higher Education Assistance Authority? If yes, please provide documentation that this matter has been resolved.	YES <input type="checkbox"/> NO <input type="checkbox"/>

PART V. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize The Kentucky Board of Chiropractic Examiners to verify any and all information contained in this application.

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

PLEASE RETURN ALL PAGES OF APPLICATION, INCLUDING COVER PAGE

PLEASE SEND YOUR COMPLETED APPLICATION, FEE AND REQUIRED CERTIFICATES OF CONTINUING EDUCATION TO:

KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
P.O. BOX 183
GLASGOW, KY 42142-0183

KENTUCKY LAW HAS CHANGED!
The Late Fee is NOW \$300!
Any license not renewed within 45 days of the mailing of a delinquent notice will be automatically revoked!